



PATENT
450117-02753

#10/3

J.D.

10/31/03

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Jens WILDHAGEN
Serial No. : 09/691,337
For : METHOD AND DEVICE TO RETRIEVE RDS
INFORMATION
Filed : October 18, 2000
Examiner : Minsun Oh Harvey
Art Unit : 2644

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Date of Deposit: October 22, 2003

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" Service under 37 CFR 1.10 on the date indicated above and is addressed to: **Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

Charles Jackson

(Typed or printed name of person mailing paper or fee)

Charles Jackson

(Signature of person mailing paper or fee)

AMENDMENT

**Commissioner for Patents
P.O. Box 1450, Alexandria, VA 22313-1450**

Sir:

In response to the Office Action dated May 22, 2003, please amend the above-identified application as follows:

00000024 09691337
216.00 OP
344.00 OP
10/27/2003 ANAB11
01 FC:1202
02 FC:1201



10-23-03

PATENT
450117-02753

2644/1
#9
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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745 Fifth Avenue
New York, NY 10151

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ No additional fee is required.
☒ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	32	Minus	** =20	* 12 x	\$18 (9)	= \$ 216.00
Independent claims	7	Minus	*** =3	* 4 x	\$86 (43)	= \$ 344.00
Total additional fee for this amendment						\$ 560.00

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$290(145) has been previously paid ☐, or is paid herewith ☐.
- ☒ This response is being filed within the second month following the expiration of the term originally set therefor. This is a petition to request a two-month extension of time. A check covering the cost of the petition is enclosed.
- ☒ Checks in the amount of \$420.00 and \$560.00 are attached, which cover the cost of ☒ additional claims ☒ petition for extension of time.
- ☐ Charge \$_____ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Charles Johnson

(Typed or printed name of person mailing paper or fee)

Charles Johnson

(Signature of person mailing paper or fee)

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicant

By:

Dennis M. Smid
Reg. No. 34,930
Tel: 212-588-0800

10/27/2003 ANAB11 00000024 09691337 420.00 OP
03 FC:1252